

CLAIMS ONLY							Application Number <i>10634592</i>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	1	Indep	Depend	Indep	Depend	Indep						
2							51					
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45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
Total Indep							100					
Total Depend							Total Indep					
Total Claims							Total Depend					